Republic of Malawi

NATIONAL HIV AND AIDS POLICY

2022 - 2027

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FOREWORD

Government has renewed its commitment and strategic response to HIV and AIDS issues by reviewing the 2013-2017 National HIV and AIDS Policy to incorporate emerging issues in HIV based on local and global evidence. The HIV and AIDS Policy serves to redirect and guide the national focus in HIV programming and aligned the national HIV priorities within its medium and long-term agenda.

The Policy is aligned to the national development agenda, the Malawi 2063 and its first ten year Implementation Plan under the enabler 5 on human capital development which focuses on health and nutrition. Malawi has made strides to the HIV and AIDS pandemic through scaling up of HIV and AIDS interventions across the country. To this end, the country has achieved the UNAIDS' 90. 90. 90 treatment targets that 91 percent of people know their HIV status; 87 percent are initiated on treatment; and 94 percent virally suppressed. The country is moving towards achieving the 95:95:95 targets set for the year 2025.

As implementation of the Policy requires coordinated efforts and multi-sectoral approach, I, therefore call upon for more support and collaboration with all stakeholders and development partners in the implementation of HIV and AIDS interventions as prescribed by the Malawi National Strategic Plan on HIV and AIDS.

Government remains committed to maintain the strides the country is making towards ending HIV and AIDS infections and mortality. Realising the need for increased resources towards HIV and AIDS programming for sustainability, I will therefore ensure that the implementation of

this Policy receives adequate support to reach the general population including the marginalised groups. Government will work closely with the development partners and the private sector by strengthening Public Private Partnership and roll out the local resource mobilization strategy.

Honourable Khumbize Kandodo Chiponda, MP.
Minister of Health

PREFACE

The National HIV and AIDS Policy 2022–2027 has been reviewed through a consultative process that involved a wide range of stakeholders that included line ministries, the Civil Society, the Private Sector, Development Partners, traditional leaders and Faith Based Organisations. The review process took into account lessons learnt and gaps identified during the implementation of the previous Policy and also emerging issues.

HIV and AIDS is multidimensional and requires different approaches to end the impact of the epidemic on the national development. The Policy will guide implementation of cost effective interventions ranging from prevention of new HIV infections; treatment, care and support; protection, social behavioural change and communication, HIV during emergency and systems strengthening.

The revised Policy aims at ensuring that evidence-based HIV interventions are implemented at scale in line with the Health Sector Strategic Plan which strives to achieve a state of health for all the people of Malawi that would enable them to lead a quality and productive life. The implementation of the Policy is further guided by the Malawi National Strategic Plan on HIV and AIDS whose goal is to contribute towards ending AIDS as a public health threat in Malawi by 2030.

The Policy is aligned to global and international commitments to which Malawi is signatory such as: Sustainable Development Goal 3, which aims at ensuring health, and well-being for all at all ages by reducing the HIV incidence; African Health Strategy 2016-2030 which envisions an integrated, inclusive and prosperous Africa free from its heavy burden of disease, disability and premature death; and Maseru Declaration on HIV and AIDS whose objective is to eradicate HIV and AIDS in the SADC region.

Government is indebted to all stakeholders that contributed to the development of this Policy for their commitment, financial and technical support throughout the entire Policy development process. I, therefore, urge all stakeholders to continue their collaborated and concerted efforts in the implementation of the Policy.

Dr. Charles Mwansambo
Secretary for Health

LIST OF ABBREVIATIONS AND ACRONYMS

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CSO	Civil Society Organization
DHS	Demographic Health Survey
DNHA	Department of Nutrition, HIV and AIDS
eMTCT	elimination of Mother-to-Child Transmission
FBOs	Faith-Based Organization
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
KP	Key Population
M&E	Monitoring and Evaluation
MDHS	Malawi Demographic Health Survey
MGDS	Malawi Growth and Development Strategy
MOH	Ministry of Health

NAC	National AIDS Commission
NAF	National Action Framework
NCDs	Non Communicable Diseases
NSP	National HIV and AIDS Strategic Plan
OIG	Office of Inspector General
ORT	Other Recurrent Transactions
OVC	Orphans and Other Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SADC	Southern Africa Development Community
SBCC	Social Behaviour Change Communication
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

GLOSSARY

AIDS The Acquired Immune Deficiency Syndrome, a state of immune system depletion of the defence of the body from a cluster of medical conditions.

ART Antiretroviral therapy. Treatment that suppresses or stops a retrovirus. One of the retrovirus is the human immunodeficiency virus (HIV) that causes AIDS.

Discrimination Any distinction, exclusion or preference, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation.

HIV Human ImmunoDeficiency Virus, a virus that weakens the body's immune system thereby causing AIDS.

HIV Positive Having tested positive for HIV infection.

HIV Testing Taking a medical test to determine a person's HIV status.

Marginalised groups Are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.

Option B+ Is a prevention of vertical transmission approach for expectant mothers living with HIV in which women are immediately offered treatment for life regardless of their CD4 count. This approach offers advantages

such as protection of partner(s) and (unborn) child, as well as benefits to the woman's health, but also carries with it risks.

Prophylaxis Any medical or public health procedure whose purpose is to prevent rather than treat or cure.

Screening Measures whether direct (HIV testing), indirect (assessment of risk taking behaviour), or asking questions about tests already taken or about medication.

Stigma The social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected.

Surveillance Testing Anonymous and unlinked testing which is done in order to determine the incidence and prevalence of disease within a particular community or group to provide information to control, prevent and manage the disease.

Vulnerability The unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Workplace Any place or premises in which one or more persons are employed and includes apprentices, casual, part and full time employment and all types of employment contract. It applies to the workplace in the broad sense of the term.

CHAPTER 1

1.0 INTRODUCTION

Over the past years, Malawi has witnessed significant progress in the delivery of effective HIV and AIDS prevention, treatment, care and support interventions. However, the disease burden related to HIV and AIDS remains high and this has had adverse effects on all sectors of the economy, and the general population. Furthermore, accelerating progress and sustaining the gains already made in the midst of dwindling resources remains a top national priority. The Policy has been reviewed based on the latest evidence on HIV in order to contribute to the attainment of the sustainable development goals (SDGs). Government has placed HIV as one of the key public health interventions in the Malawi Implementation Plan 1 of Malawi 2063 under enabler 5 on human capital development, which focuses on health, and nutrition that advocates a healthy population with improved life expectancy working towards the socio-economic transformation of the country. To achieve the aspirations of the revised Policy, it will require mobilization of resources, evidence-based programming, as well as political will and commitment.

The Policy provides a guiding framework for the successful implementation of the national HIV response; address the existing and emerging national and global issues; and consequently, uphold the Government's commitment towards ending AIDS as a public health threat by 2030. The Policy will be operationalised through implementation of the Malawi National Strategic Plan on HIV and AIDS. Additionally, supporting operational strategies and guidelines will be developed to further translate the aspiration into tangible actions. These will include the following strategies and guidelines: HIV prevention strategy, HIV and

AIDS workplace policy, 2% ORT guidelines, guidelines on elimination of all forms of HIV related stigma and discrimination.

In order to achieve the objectives, the Policy has identified eight priority areas namely:

i. Prevention of HIV infections.
ii. Treatment, Care and Support for HIV and AIDS, and other related diseases.
iii. Impact mitigation.
iv. Protection, participation and empowerment of PLHIV, key populations and other vulnerable populations.
v. HIV and AIDS education, Social mobilization and positive behaviour change.
vi. HIV response during the emergency.
vii. Sustainable and enabling environment for HIV and AIDS.
viii. HIV Monitoring, evaluation, research and surveillance.

The Policy also contains an implementation plan, monitoring and evaluation framework presented in annexe I and II respectively.

1.1 Background

The national HIV and AIDS response is guided by the National HIV and AIDS Policy for implementation of all HIV and AIDS related programs. Government developed the first HIV and AIDS Policy in 2003 under the theme *'A Call to Renewed Action'.* The Policy laid down an administrative and legal framework for all programmes and interventions, and stated its national goal as 'to reduce infections and vulnerability, to improve provision of treatment, care and support for people living with HIV (PLHIV) and to mitigate the socio-economic impact of the epidemic'. The Policy recognized HIV and AIDS as a pandemic with social, cultural, economic, development, political and biomedical dimensions. The Policy was expected to facilitate improvements in the provision and delivery

of high quality prevention, treatment, care and support services for people living with HIV; and also create an enabling environment free of stigma and discrimination thereby reducing individual and society vulnerability to HIV and AIDS. The Policy was adopted for a period of five years (2003 to 2008) and its operationalization was through the National Action Framework (NAF) that covered the period 2005 to 2009. The NAF focused on a multi-sectoral approach to the control and management of HIV and AIDS based on eight pillars, which reflected the NAF's key priority areas.

A second National HIV and AIDS Policy was adopted in 2013 which guided implementation of HIV and AIDS interventions between 2013-2017. The second edition of the National HIV and AIDS Policy was intended to sustain the National Response; target the key drivers of the epidemic; address the existing and emerging national and global issues; and achieve the three zeros (Zero new HIV infections, Zero AIDS-related deaths and Zero discrimination). The Policy was operationalized through the Malawi National Strategic Plan on HIV and AIDS and its goal was to prevent the further spread of HIV infection, promote access to treatment for PLHIV and mitigate the health, social-economic and psychosocial impact of HIV and AIDS on individuals, families, communities and the nation.

The revised Policy (2022-2027) is built on emerging issues and lessons learnt during the implementation of first and second versions of National HIV and AIDS Policy. It also considers the legislation in the HIV and AIDS response. The Policy, therefore, aims at "accelerating access to prevention, treatment, care and support for epidemic control".

1.2 Current Status of HIV and AIDS in Malawi

Since the first case of HIV was identified in Malawi in 1985, the country has made great strides in responding to HIV and AIDS pandemic. Malawi has been registering an improvement in some of the HIV indicators.

For instance, the estimated adult prevalence decreased from 16.6 percent in 1994 to 8.8 percent in 2015 (MDHS 2015-2016) while the new HIV infections have also declined by 46 percent from 2010 to 2020. Additionally, HIV and AIDS-related deaths have been reduced by 39 percent in the past 10 years. The number of People Living with HIV is estimated at approximately 1,100,000 among whom 79 percent are accessing antiretroviral therapy (UNAIDS, 2020). These achievements are clear demonstration of the commitment and political will of the Government and people of Malawi in collaboration with international partners.

The Malawi HIV epidemiology has evolved over the years; hence, it is imperative to redefine our priorities and strategies to meet the current challenges as we aim to achieve HIV epidemic control, where HIV and AIDS will no longer be a public health threat in Malawi.

1.3 Linkages with other relevant key policies and legislation

The Policy will operate in line with the existing legal and policy frameworks at national, regional and global levels as indicated in the following sections:

National instruments

1. ***The Constitution of the Republic of Malawi:*** The Constitution guarantees the fundamental rights of all Malawians to life, personal liberty, dignity and freedom. Any form of discrimination, for example, based on age, sex, sexual orientation, disability and HIV status is prohibited. This Policy will be implemented using a human rights approach and promotes access to HIV and AIDS services without discrimination.

2. ***Malawi 2063 and its first 10 year implementation plan:*** This outlines overarching aspirations and goals towards achieving economic independence, inclusive wealth creation, self-reliance and a high quality of life for all its citizens. The enabler 5 on human capital development focuses on health and nutrition that advocates for a healthy population with improved life expectancy working towards the socio-economic transformation of the country.

3. ***Health Sector Strategic Plan 2017-2022:*** The GoM has developed the Essential Health Package (EHP), which is a list of priority conditions and diseases that affect the majority of Malawians. Treatment for these conditions and diseases is provided free of charge for all Malawians irrespective of their socio-economic status. HIV and AIDS is one of the conditions in the EHP.

4. ***HIV and AIDS (Prevention and Management) Act, 2018:*** This legislation makes provision for the prevention and management of HIV and AIDS; the rights and obligations of people infected and affected by HIV and AIDS; the establishment, organization, administration, general powers, duties and functions of NAC as an independent state institution; and incidental matters.

5. ***Sectoral Policies:*** HIV and AIDS interventions have strong linkages with other social and sectoral policies as a crossing-cutting issue. These policies among others include: National Health Policy and Health Sector Strategic Plan; National Nutrition Policy and Strategic Plan; National Social Support Policy; National Action Plan for Orphans and Other Vulnerable Children (OVC); National Education Sector Policy; National Gender Policy; National Population Policy; National Sports and Youth Development Policy; Decentralisation Policy; National Children Policy; National Sexual and Reproductive Health and Rights Policy; and National Social Protection Policy.

Regional instruments:

1. ***Maputo Plan of Action:*** Malawi is signatory to the African Union Maputo Plan of Action on sexual and reproductive health rights (SRHR). This Plan of Action advocates for an integrated SRHR Plan. The Policy is in line with the Maputo Plan of Action as it also promotes the delivery of integrated family planning, STI and HIV and AIDS services.

2. ***Maseru Declaration on HIV and AIDS:*** Malawi is one of the countries that are signatory to the Maseru Declaration on HIV and AIDS that was adopted by Member States in the Southern Africa Development Community (SADC) on 4th July, 2003, in Maseru, Lesotho. The main objective of the treaty is eradication of HIV and AIDS in the SADC region, which is one of the regions with the highest prevalence rate of HIV.

3. ***African Health Strategy 2016-2030:*** The African Union developed this strategy and its vision is 'An integrated, inclusive and prosperous Africa free from its heavy burden of disease, disability and premature death'. In line with the SDGs, the African Health Strategy aims at ending AIDS, tuberculosis, malaria and neglected tropical diseases among others.

4. ***Abuja Declaration:*** Malawi is also a signatory to the 2001 Abuja Declaration which, among other things, aims to strengthen the response to HIV and AIDS, tuberculosis and malaria and allocate at least 15% of the annual budget to health.

5. ***Agenda 2063-The Africa we want:*** This is a Pan African vision of which Malawi is signatory to which aims at having Africa with healthy and well-nourished citizens through an inclusive growth and sustainable development.

Global instruments:

1. ***Sustainable Development Goals (SDGs):*** Malawi is a signatory to the SDGs and is therefore committed to ensuring that SDG targets are achieved and the Policy will therefore contribute to the attainment of SDG 3 which ensures healthy lives and promotes wellbeing for all people at all ages. Targets 3.3 'End AIDS as a public health threat by 2030' and 3.8 'Achieve universal health coverage, access to quality health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all' are particularly important.

2. ***UNAIDS Fast Track Strategy:*** In order to achieve SDG 3 Target 3.3 to end AIDS by 2030, Malawi is being guided by the UNAIDS fast track strategy which has set out targets for prevention and treatment known as the 90-90-90 targets by 2020 and 95-95-95 by 2030.

3. ***The 2016 Political Declaration on HIV and AIDS:*** In 2016, the General Assembly of the United Nations made a Political Declaration to end the AIDS Epidemic by 2030. The declaration set new goals, targets and commitments and an urgent agenda to accelerate efforts towards ending the AIDS epidemic by 2030. The Political Declaration provides a global mandate to Fast Track the AIDS response.

4. ***The 2017 Global HIV Prevention Coalition Road Map:*** This road map focuses on five key interventions that countries should take to reduce new HIV infections by 75 per cent by 2020. The areas of focus include combination prevention for adolescent girls and young women (AGYW) and their partners; combination prevention for Key Populations (KPs); comprehensive condom programming; voluntary medical male circumcision (VMMC) and sexual and reproductive health services for men and boys; and rapid introduction of pre-exposure prophylaxis (PrEP). This Policy is aligned with the global

roadmap as it has included all these focus areas. The roadmap also advocates for the allocation of 25% resources for HIV prevention.

5. ***The Global Tuberculosis commitment:*** Commitment on Ending TB focuses on improving access to people centred TB prevention and care, mobilising adequate resources for implementation of TB programmes and conducting research and a commitment to tracking and reviewing progress on ending TB including minimising the spread of drug resistance. This Policy is aligned to this global TB commitment on ending TB.

1.4 Problem Statement

Malawi has made great strides towards epidemic control through a well-coordinated multi-sectoral response, including adoption of several policies such as the rapid scale-up of ART through the universal test and treat in 2016, continued scale up of Option B+ for prevention of mother to child transmission of HIV (PMTCT), introduction of HIV self-testing in 2018, the transition to Dolutegravir-based regimens in 2019 and strengthened efforts to increase voluntary male medical circumcision (VMMC). Malawi has also implemented primary prevention and structural interventions for adolescent girls, young women (AGYW) and key populations in selected districts.

Despite the achievements made, the National HIV and AIDS Response in Malawi is constrained by several challenges. Currently, Malawi lags behind in meeting the threshold for health care providers per population as stipulated by WHO. Similarly, the health infrastructure is fragile and strained which requires upgrading and strengthening. Further, supply chain management of essential drugs remains a challenge.

It is also noted that stigma and discrimination that include harmful cultural practices, gender norms, gender-based violence, and myths continue to be barriers to access, uptake, and retention in HIV services

especially among key populations, adolescent girls and young women and PLHIV.

In the recent past, due to changing global economic outlook and foreign policies, Malawi has witnessed a drastic reduction of donor investment in HIV response due to other competing priorities. The funding gap for HIV response is widening. This affects scaling up of impact interventions. It is therefore important that domestic resources must be mobilized through different channels such as public-private partnership to close the gap in HIV financing.

Additionally, shortages of service providers, inadequate skill and uneven distribution of the health workers are compromising the achievement of health-related Sustainable Development Goals (SDGs). It is common knowledge that adequate human resource for health sector is key for the delivery of efficient and effective HIV services.

The 2019 audit report of the office of the Inspector general (OIG) of the Global Fund highlighted weak coordination at the national and districts level including community structures as a major challenge to the National HIV Response. Weak multi-sectoral coordination has resulted in duplication of donor funded interventions, poor leveraging of resources, lack of transparency and accountability among stakeholders.

1.5 Purpose of the Policy

The Policy guides achievement of game-changing strategies that will move Malawi to a path towards HIV epidemic control in line with SDG 3.3 of ending AIDS as a public health threat. Implementation of the Policy aims at reducing new HIV infections and AIDS related morbidity and mortality; improving social support services for PLHIV and affected households; improving enabling environment for effective implementation of HIV and AIDS interventions; and improving monitoring, evaluation and research for evidence based programming.

CHAPTER 2

2.0 BROAD POLICY DIRECTIONS

This Chapter presents the broad Policy directions and aspirations that are in line with the national, regional and global instruments. The aspirations presented are the Policy goal, expected outcomes, objectives as well as guiding principles.

2.1 Goal

To accelerate efforts to end AIDS as a public health threat by 2030.

2.2 Policy Outcomes

The expected outcomes of the Policy are:

(i) Reduced new HIV infections to achieve epidemic control;
(ii) Reduced HIV and AIDS related morbidity and mortality;
(iii) Improved social support services for PLHIV and affected households;
(iv) Improved enabling environment for effective implementation of HIV and AIDS services; and
(v) Improved monitoring, evaluation and research for evidence-based programming.

2.3 Policy Objectives

Objectives of the Policy are to:

(i) Reduce new HIV infections;
(ii) Reduce HIV and AIDS related deaths;
(iii) Improve access to quality treatment care and support services for PLHIV and other vulnerable groups;

(iv) Reduce vulnerability among PLHIV and affected population including key and vulnerable population;
(v) Enhance HIV and AIDS education, social mobilisation, and positive behaviour change;
(vi) Improve delivery of HIV services during emergencies;
(vii) Strengthen an enabling environment for effective implementation of HIV and AIDS response; and
(viii) Strengthen monitoring, evaluation, surveillance and research for evidence-based HIV programming.

2.4 Guiding Principles

The successful implementation of the Policy will be guided by the following principles:

i. ***The three ones' principle:*** Malawi subscribes to the three ones' principle namely; one HIV and AIDS Strategic Plan; one coordinating authority; and one Monitoring and Evaluation Framework. These provide strategic direction, proper coordination and effective reporting for the national response to HIV and AIDS.

ii. ***Public Health Approach:*** To maximize impact of HIV and AIDS programming, it is imperative to prioritize evidence-based cost-efficient interventions and strengthen health systems to enable integration of high-quality services to deliver effective combination prevention.

iii. ***Investment approach and sustainability plan:*** The investment framework prioritises the design and implementation of HIV interventions that include; significant reduction of HIV risk, transmission, morbidity and mortality. The approach also promotes community engagement and synergies with the wider development work. It further ensures rational resource allocation in line with Government priorities guided by epidemiological context.

iv. ***Evidence-based programming:*** The Policy will promote research, learning, documentation and sharing of best practices for evidence-based programming. Furthermore, efforts will be made to continue scale-up coverage of evidence-based HIV services to ensure high quality interventions.

v. ***Leaving no one behind:*** HIV service delivery including HTS will be made accessible to most at risk populations and linked with treatment and care services. The most at risk population will include key and vulnerable populations.

vi. ***Integrated health service delivery:*** To ensure efficient and effective delivery of HIV services, this Policy will promote integration of services especially, HIV with TB, SRHR, NCDs, Viral Hepatitis, mental health and Nutrition. Additionally, it will ensure effective coordination, integration and management of co-infections.

vii. ***Multi-Sectoral engagement:*** HIV is linked to biomedical, socio-behavioural and cultural factors. The Policy therefore will cover both health and non-health interventions using different service delivery platforms.

viii. ***Community participation and engagement:*** To ensure community ownership and empowerment, the Policy will engage communities in HIV programming. It will capacitate communities in terms of knowledge, skills, resource management and monitoring the delivery of HIV and AIDS services.

ix. ***Human rights-based approach:*** Stigma and discrimination constitute major barriers to effective implementation of HIV and AIDS programs. The Policy will enforce implementation of the legislations on HIV and AIDS to address human rights issues.

x. ***Gender mainstreaming:*** Eliminating gender and other inequalities will help address some of the barriers in HIV response especially among women and girls who are disproportionately affected by the HIV and AIDS epidemic. The Policy will address the existing inequalities through promotion of comprehensive sexuality and gender transformative interventions.

xi. ***Decentralization:*** The Policy will ensure that implementation of HIV and AIDS interventions are decentralized to the local authorities in line with the Decentralization Policy and Local Government Act.

CHAPTER 3

3.0 POLICY PRIORITY AREAS

The Policy has eight priority areas to respond to the goals and expected outcomes. The priority areas are:

(i) Prevention of HIV infections;
(ii) Treatment, Care and Support for HIV and AIDS, and other related diseases;
(iii) Impact mitigation;
(iv) Protection, participation and empowerment of PLHIV, key populations and other vulnerable populations;
(v) HIV and AIDS education, Social mobilization and positive behaviour change;
(vi) HIV response during the emergency;
(vii) Creating an enabling environment for HIV and AIDS; and
(viii) HIV Monitoring, evaluation, research and surveillance.

3.1 Policy Priority Area 1: Prevention of HIV infections.

Prevention of new HIV infections is key in ending HIV and AIDS pandemic. Although Malawi is making steady progress in the reduction of new HIV infections, the pace needs to be accelerated to end HIV and AIDS as a public health threat by 2030. The 2020 Malawi Spectrum Model (MOH/UNAIDS) shows that in 1992, Malawi had a maximum number of new infections which was 110,000 while between 2010 and 2019, it registered a 45% reduction of new HIV infections from 56,000 to 33,000 respectively. Despite this decline, Malawi still needs to do more to meet the 75% reduction of new infections.

For the country to achieve epidemic control, it requires a significant reduction in new infections through scaling-up of high-impact cost-effective primary and combination prevention interventions targeting uninfected high-risk populations, especially KP, AGYW, and their partners through differentiated service delivery. Additionally, scaling-up treatment is essential as part of prevention. The combination prevention approach considers biomedical, behavioural, and structural interventions.

Policy Statement 1: The Policy will ensure that provision of high quality HIV and AIDS preventive services to the general population is strengthened.

Strategies:

a) Roll out PrEP in all health facilities and other service delivery platforms.
b) Improve delivery of quality VMMC services in public and private health facilities.
c) Strengthen integration and linkages of HIV and AIDS services with family planning, PMTCT, TB, and SRH, and other health service delivery platforms to increase uptake.
d) Strengthen HIV prevention, treatment, care and support, and wellness interventions in the workplace.
e) Strengthen integrated HIV testing and treatment of STIs and including other opportunistic infections among the marginalized groups and key populations.

Policy Statement 2: The Policy will ensure that scale-up access and uptake of quality HIV and AIDS services and supplies are enhanced for prevention of the epidemic.

Strategies:

a) Ensure condoms, lubricants and other HIV products are of high quality.
b) Strengthen targeted HTS among the general population.
c) Strengthen screening PLHIV for, TB, viral hepatitis, syphilis, cervical cancer and other opportunistic infections.
d) Scale-up community-based prevention and treatment services.
e) Enhance adherence to treatment among PLHIV.

Policy Statement 3: The Policy will ensure that there is an increase in access and utilization of a comprehensive package of youth friendly health services.

Strategies:

a) Scale-up integrated youth-friendly health services (YFHS) with emphasis on YPLHIV.
b) Strengthen engagement of influential leaders including YPLHIV as champions or role models or ambassadors for HIV prevention at all levels.

3.2 Policy Priority Area 2: Treatment, Care and Support for HIV and other related diseases.

Treatment, care and support for HIV and AIDS and other related diseases reduce morbidity as well as mortality of people living with HIV and further decreases HIV transmission. Malawi adopted the Universal Test and Treat policy since 2016. This has helped many PLHIV to be initiated on ART regardless of their CD4 count and clinical status. Test and treat policy coupled with continuum of care and support to PLHIV, their dependants and communities have contributed to the reduction of morbidity, transmission and mortality. Similarly, there has been an improvement in uptake of ART among children living with HIV. There has also been improvement of capacity of health workers in detection and management of HIV related conditions.

The incidence of opportunistic infections has also declined due to rapid scale-up of antiretroviral therapy over the past decade. However, to further reduce morbidity and mortality among the aging cohort of people on ART, there is need for integrated services that will promote early detection, management and monitoring of opportunistic infections, prevention and management of malnutrition, NCDs, cancers and other health conditions.

Policy Statement 1: The Policy will ensure increased access and uptake of high quality ART, STI, TB and other health services are promoted in order to reduce mortality.

Strategies:

a) Improve access to high-quality ART, STI, TB and other health services for the general population with focus on vulnerable and marginalised groups.
b) Enhance adherence to treatment and retention in care among PLHIV.

Policy Statement 2: The Policy will ensure that AIDS and non-AIDS related mortality and co-morbidities are reduced among PLHIV.

Strategies:

a) Strengthen primary, secondary and tertiary health care services to manage HIV and AIDS related morbidities.
b) Strengthen linkage for referral of other HIV and AIDS related co-morbidities for early detection and timely treatment.

Policy Statement 3: The Policy will ensure that prevention and continuum of care and support services provided to PLHIV and the affected population are of high quality.

Strategies:

a) Improve linkage of PLHIV with emphasis on HIV positive mothers and infants to other health services and community structures to support adherence and retention.
b) Strengthen programme support towards provision of continuum of care and social support services.
c) Ensure adequate nutrition to PLHIV including their dependents.
d) Ensure provision of nutrition supplements to malnourished PLHA, TB patients and other chronically ill patients through Nutrition Care and Support Programme.

3.3 Policy Priority Area 3: Impact Mitigation

Impact mitigation constitutes a set of non-biomedical interventions designed to complement HIV and AIDS programmes on prevention, treatment, care and support targeting the PLHIV and affected groups.

In HIV and AIDS response, impact mitigation interventions focus on the socio-economic interventions including livelihood targeting the vulnerable groups at individual, household, community, institutional and the national levels. Children are one of the vulnerable groups in HIV and AIDS management. To address this, Government developed a Child Protection Case Management Framework. The framework provides details on how children experiencing abuse, neglect, violence, exploitation, and the impact of HIV and AIDS can best be taken care of.

During the implementation of the previous policy, key issues that were identified affecting impact mitigation programming include inadequate human and financial resources to programme an effective approach that could address the challenges faced by the targeted populations. Secondly, there was poor coordination between HIV and social protection services such as the Farm input subsidy, public works programmes and Village Savings and Loans to complement with the national efforts on impact mitigation.

Policy Statement: The Policy will ensure that implementation of impact mitigation interventions benefit all PLHIV and affected groups including children at individual, household, community and institutional levels.

Strategies:

a) Ensure provision of social and economic support to create resilience among young people living with HIV and the affected.
b) Strengthen livelihood support to PLHIV and the affected groups to improve their wellbeing.
c) Strengthen linkage with livelihood programmes to target malnourished PLHIV, TB, and chronically ill patients and their families Enhance social protection, nutritional and psychosocial support to children and their caregivers.
d) Ensure effective implementation of the Child Protection Case Management Framework.

3.4 Policy Priority Area 4: Protection, Participation and Empowerment of PLHIV and other vulnerable populations

Protection, Participation and Empowerment of PLHIV and other vulnerable populations are human rights issues. Under the Constitution of Malawi, every person has among others a right to life, dignity, privacy and confidentiality, equality before the law, personal security and liberty, expression, access to information and to earn a living; protection from cruel, inhuman and degrading treatment, torture, discrimination, violence, harassment and abuse; access to public institutions for the protection when the rights have been violated.

The Sustainable Development Goals recognize that gender equality and social inclusion (GESI) are fundamental in reducing poverty and advancing a healthier, safer, educated and empowered society. Addressing gender equality, social inclusion and workplace interventions are crucial in achieving and sustaining HIV epidemic control. Gender inequality and

inclusion is one of the critical components in HIV and AIDS response, this Policy therefore seeks to address gender inequalities and barriers. Additionally, a package of clinical and social services will be promoted and provided to survivors to mitigate the harms associated with GBV.

Further, discrimination against PLHIV in workplace has been a challenge resulting in unfair: dismissal, recruitment, training, promotion and denial of employee benefits. Such practices are against fundamental principles of human rights. It is therefore, essential that all employees should protect the PLHIV from such practices and ensure that there is no stigmatization and discrimination among them. All HIV infected persons have the constitutional right to confidentiality. An employee is, therefore, not obliged to disclose his or her HIV Status to their employers, unless it is at the employees own volition.

This Policy aims to address issues on matters of protection, participation and empowerment targeting PLHIV and other vulnerable populations. It also aims at addressing human rights and other related barriers to HIV response through enforcement and increased legal and human rights literacy among service providers, key populations and the general public.

The Policy will be implemented in line with HIV and AIDS (Prevention and Management) Act of 2018 which aims at ensuring protection, participation and empowerment of individuals in the context of HIV and AIDS. The Act also addresses domestication of international instruments which are aimed at re-enforcing domestic responses to rights violations. These violations would be punished under the laws of Malawi. Victims of violations, largely PLHIV and other vulnerable groups – particularly children, women and young girls have now been safeguarded under the laws.

Policy Statement 1: The Policy will ensure that people living with HIV, key population, vulnerable and marginalized groups including children, women, adolescents (boys and girls) and persons with disabilities are empowered.

Strategies:

a) Ensure full participation of PLHIV, key population and the affected individuals in the economic development at all levels.
b) Scale-up access and support to quality primary, secondary and tertiary education, including informal and vocational learning targeting YPLHIV and those affected.
c) Scale–up access to comprehensive sexual reproductive health rights and HIV services for AGYW, ABYM and their sexual partners.

Policy Statement 2: The Policy will ensure that harmful practices are addressed that include religious, social and cultural that promote gender inequality, stigma and discrimination among the general population.

Strategies:

a) Ensure elimination of harmful religious, social and cultural practices, stereotypes and gender based violence that compromises HIV response.
b) Put in place preventive measures to end stigma and discrimination.
c) Promote platforms for development, implementation and enforcement of the HIV and AIDS regulations.
d) Strengthen enforcement of HIV legal environment to protect the key and vulnerable population.

Policy Statement 3: The Policy will ensure that workplaces are free from any kind of stigma and discrimination.

Strategies:

a) Mainstream HIV and AIDS into core functions of the workplace.
b) Develop and implement institutional HIV and AIDS workplace policies.
c) Orient employers and employee on HIV and AIDS legislation and regulations.
d) Promote social dialogue, consultations and negotiations on wellness and HIV related matters.

3.5 Policy Priority Area 5: HIV and AIDS education, Social mobilization and positive behaviour change

HIV and AIDS has devastating effects on socio-economic status of individuals, households, and communities. Therefore, interventions aiming at reducing the spread of HIV and improving treatment, care and support among people living with HIV require addressing social factors and behaviours that put people at risk. Effective implementation of Social behaviour change and communication (SBCC) strategies requires to uncover the causes of the behaviours as well as the factors that drive the epidemic and increase risk and vulnerability. Well-designed social and behaviour change communication (SBCC) strategies of ending AIDS as a public health threat by 2030 can ignite change for improved social cultural practices at the community, household, and individual levels, as well as build support for an enabling environment for HIV response.

Awareness on positive behaviour change remains a challenge amongst many communities in the country. This has resulted in the increase of risky behaviours especially among the youth and the rural populous. The content and medium of communication on positive behaviour change are consistently lacking adequate information on unprotected sex, sexual reproductive health, HIV and AIDS, drug and substance abuse and the dangers of early marriages. Although in some communities, information on sexual reproductive health education is passed on at an early age through initiation rights, some of the information obtained during these

ceremonies pushes the recipients into risky behaviors.

Policy Statement 1: The Policy will ensure that uptake of behaviour change interventions for HIV prevention, treatment, care and support services are scaled up.

Strategies:

a) Promote health messaging and counselling to address barriers affecting uptake of behaviour change interventions.
b) Enhance provision of strategic information to address underlying drivers of HIV infection.

Policy Statement 2: The Policy will ensure that individuals and communities are empowered to adopt positive health seeking behaviours to all PLHIV and affected population.

Strategies:

a) Support roll out and scale up comprehensive sexuality education and health rights for youth using different platforms.
b) Promote adoption of positive health seeking behaviour among PLHIV and affected population using different channels.

Policy Statement 3: The Policy wil ensure that positive HIV and AIDS behaviour change are facilitated at individual and community levels

Strategies:

a) Create demand for combined HIV prevention services including condom programming, VMMC, PrEP and PEP, sexual reproductive health and other related services for targeted subpopulations.
b) Increase demand for HIV prevention services, VMMC, post exposure prophylaxis, sexual reproductive health and other related services for adolescents through different channels.

c) Conduct targeted demand creation using a mix of effective and evidence-based channels.

3.6. Policy Priority Area 6: HIV during emergencies

Emergency situations occur when there is an exceptional and widespread threat to life, health, and basic subsistence that is beyond the coping capacity of individuals and communities. Malawi is prone to disasters, predominantly droughts and floods, which are further exacerbated by climate change.

The affected population are sometimes displaced from their homes, lose their livelihoods, and have little access to resources or services and become vulnerable to HIV infection and other diseases. Additionally, the effects of these disasters are more predominant among adolescent boys and girls, young men and women who are more vulnerable to sexual abuse and exploitation, gender based violence, drug abuse and trafficking which put them at risk of HIV infection and other sexually transmitted diseases. Other challenges during emergency situations concerning HIV include lack of access to HIV and other health services, inadequate coping mechanisms among PLHIV and affected groups. .

Policy Statement 1: The Policy will ensure that provision of HIV services to PLHIV and general population including vulnerable groups is adequate during emergency situations.

Strategies:

a) Promote timely provision of HIV prevention, treatment, care and support services during emergencies.
b) Promote education and social behaviour change interventions on HIV prevention, treatment, care and support during emergencies.
c) Strengthen coordination of HIV response during emergencies at all levels.

Policy Statement 2: The Policy will ensure that timely and adequate impact mitigation as well as life skills interventions for adolescent boys and girls, young men and women are provided.

Strategies:

a. Promote life skills education and social behaviour change interventions on HIV prevention, treatment, care and support for adolescent boys and girls, young men and women during emergencies.
b. Enhance social protection and psychosocial support to adolescent boys and girls, young men and women during emergencies.
c. Create more demand for combined HIV preventive services during emergencies.

Policy Statement 3: The Policy will ensure that platforms for enforcement of the HIV and AIDS regulations during emergencies are in place.

Strategy:

a. Establish and strengthen reporting and feedback mechanisms of HIV violations and enforcement of regulations during emergencies.

3.7 Policy Priority Area 7: Sustainable and enabling environment for HIV and AIDS response

An enabling environment is a set of interrelated conditions such as legal, organisational, fiscal, informational, political, and cultural that impact the capacity of stakeholders to engage in HIV and AIDS interventions in a sustained and effective manner. Creating enabling environment involves ensuring that there is effective coordination, networking, advocacy, systems, regulations, governance, accountability, capacity building, and resource mobilisation.

Good governance and strong leadership are essential in creating resilient and sustained systems for effective delivery of HIV services. Resilient and sustainable systems for HIV and AIDS response in Malawi are critical in fast tracking progress towards attainment of the 95:95:95 targets, SDGs and the universal health coverage (UHC). Strengthening coordination helps to leverage resources and reduce inefficiencies across multiple players in HIV and AIDS response. Leadership and governance of HIV and AIDS response entails an effective and harmonized national response to HIV and AIDS through developing and strengthening partnerships among key stakeholders such as government, civil society, Community Based Organisations (CBOs), Faith Based Organisations (FBOs), private sector and other players.

The fight against HIV and AIDS pandemic meets many systemic challenges that are to do with systems that create an enabling environment for the fight. The country is faced with some challenges in respect of coordination, personnel, M&E supply chains management, laboratory systems and community systems among many. These pose a big challenge in sustaining and maintaining the momentum in the fight against HIV and AIDs.

HIV and AIDS (Prevention and Management) Act 2018 mandates the Minister of Health to lead the national HIV and AIDS response and the National AIDS Commission to implement, coordinate and facilitate the national multi-sectoral response with an aim of creating an enabling environment for support systems to work effectively and efficiently. There is poor implementation of workplace HIV and AIDS programmes, integration of service delivery and multi-sectoral approaches to governance and programming and distribution of necessary commodities.

Policy Statement 1: The Policy will ensure that resilient and sustainable systems for delivery of HIV and AIDS services are improved and maintained.

Strategies:

a) Strengthen capacity of public and private sectors to effectively deliver HIV and AIDS services.
b) Promote HIV and AIDS policies, regulations, strategies and guidelines.
c) Strengthen capacity for uniformed forces to adequately respond to HIV.

Policy Statement 2: The Policy will ensure that leadership and good governance in HIV and AIDS response is enhanced.

Strategies:

a) Strengthen governance, leadership and coordination at national, district and community levels.
b) Improve supply chain management and laboratory systems for HIV and AIDS commodities at all levels.

Policy Statement 3: The Policy will ensure that multi-sector and intra-sector coordination of HIV and AIDS interventions at national, district, and community levels is enhanced.

Strategies:

a) Strengthen HIV and AIDS coordination at all levels.
b) Strengthen Public Private Partnership on HIV response.
c) Strengthen linkages between health facilities and community structures to improve access to HIV services.

Policy Statement 4: The Policy will ensure that resources on HIV and AIDS interventions are made available at all levels.

Strategies:

a) Advocate for increased financial resource allocations and human capacity for HIV response by Government and development partners.
b) Strengthen human capacity for effective programming and delivery of HIV services at all levels.
c) Strengthen public-private partnership in resource mobilization for HIV response.

Policy Statement 5: The Policy will ensure that legal and regulatory framework on HIV and AIDS is strengthened.

Strategies:

a) Enforce all legal instruments pertaining to HIV and AIDS.
b) Institutionalize relevant regulations and guidelines for implementation of the HIV and AIDS Prevention and Management Act.
c) Review HIV and AIDS regulatory framework in line with the emerging issues on the pandemic.

3.8 Policy Priority Area 8: HIV Monitoring, evaluation, research and surveillance

Monitoring, evaluation, surveillance and research aim to measure achievements, progress and gaps, and generate evidence for effective planning and programming. It further helps in evidence-based decision-making. Research strategy is key to guide a coordinated research agenda. However, there is no HIV research strategy that informs evidence-based programming on HIV emerging issues and that promotes stakeholders coordination in HIV response. In addition, there is weak monitoring and evaluation system to track progress of HIV and AIDS interventions.

Policy Statement 1: The Policy will ensure that monitoring, evaluation and surveillance systems for HIV and AIDS are enhanced.

Strategies:

a) Strengthen programme specific monitoring systems for HIV related services including STIs, TB, SRH and others.
b) Strengthen monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels.

Policy Statement 2: The Policy will ensure that coordination of HIV and AIDS research at all levels is strengthened.

Strategies:

a) Strengthen research coordination platforms in line with the HIV research agenda.
b) Strengthen coordination of research on HIV and AIDS with relevant research institutions.
c) Enhance HIV research, routine information, dissemination, utilization, and feedback at all levels for evidence-based decision-making.

CHAPTER 4

4.0 IMPLEMENTATION ARRANGEMENTS

The Chapter describes implementation arrangements of this Policy to ensure a coordinated National HIV and AIDS Response. This includes institutional arrangement, roles and responsibilities of different sectors and organizational framework.

4.1 Institutional Arrangements

Government recognises the importance of stakeholders and partnership in implementation of this Policy. The stakeholders include Ministries, Departments, Agencies, Development Partners, Academic and Research Institutions, the Public Sector, the Private Sector, Civil Society Organisations (CSOs), Non-Governmental Organisations, Faith-Based Organisations, and the communities. A detailed list of their respective roles and responsibilities is as below:

4.1.1 Ministry responsible for Health

The Ministry responsible for Health is responsible for overall oversight and coordination of the national HIV response, setting up the national HIV and AIDS agenda, providing leadership, resource mobilisation, technical guidance formulation and review of national policies. The Ministry implements the biomedical component and ensuring quality control of the national HIV and AIDS services both in public and private health service delivery platforms. The Ministry will also be commissioning research and innovation, monitoring and evaluating the national response and facilitating mainstreaming of HIV and AIDS in all sectors of society.

4.1.2 National AIDS Commission

The National AIDS Commission will be responsible for providing leadership, technical guidance and coordination of the national HIV response. Furthermore, the Commission will provide technical support to Government in the formulation and review of HIV and AIDS policies. The Commission will also facilitate development and maintenance of an up-to-date information system and establish suitable mechanisms of disseminating and utilizing the information.

4.1.3 Ministry responsible for Local Government

The Ministry has an oversight role to ensure that the decentralisation system the country adopted is functioning.

4.1.4 Local Authorities

The District and City Councils will be responsible for coordinating and implementing HIV and AIDS activities at the council and community levels. The Council will ensure the replication of the 95:95:95 global targets at District and Community levels. The District Councils will also be responsible for establishment of District and Community structures that will support implementation of HIV and AIDS interventions. District and City Councils will be responsible for development and implementation of HIV bylaws against some malpractices.

4.1.5 Ministry responsible for Gender, Community Development and Social welfare

The Ministry will be responsible for provision of leadership and technical direction in programming gender and HIV and AIDS interventions. The Ministry will also promote women empowerment, integration of HIV and AIDS in income generating activities, social protection and welfare programmes targeting PLHIV and affected. The Ministry will also be key for advocacy and service delivery especially for vulnerable populations (e.g. Women and Girls, OVCs)

4.1.6 Ministry responsible for Environment and Climate change

The Ministry responsible for Environment and Climate Change, through the Environment Affairs Department will be responsible for coordinating integration and mainstreaming of HIV and AIDS in Environmental Impact Assessments of Capital Projects.

4.1.7 Ministry responsible for Labour

Ministry of Labour as the custodian of the National HIV&AIDS Workplace Policy will offer policy direction and through its inspection programmes; will ensure workplace programming in both the public and private sectors.

4.1.8 Department of Human Resource Management and Development

Department of Human Resource Management and Development (DHRMD) manages and coordinates the public sector response through its workplace programme. It also offers technical assistance to institutions in the public service.

4.1.9 Ministry responsible for Finance

The Ministry will lead in the mobilisation of resources for the National Response and ensure evidence based resource allocation across programmes and Districts. The Ministry will oversee, monitor and report on resource utilisation and accountability of all players in the HIV response. This process will involve engaging non-traditional bilateral and multi-lateral partners, public and private sector. The Ministry will also champion the implementation of local resource mobilisation strategy.

4.1.10 Ministry responsible for Economic Planning and Development

The Ministry will provide leadership in the national programming, monitoring and evaluation and delivery of Social Support services for mitigating the impact of HIV and AIDS in line with the national development agenda.

4.1.11.1 Ministries responsible for Trade, Industry and Private Sector Development

The Ministries responsible for Trade, Industry and Private Sector Development will ensure enactment and/or amendment of trade related pieces of legislation in the context of HIV including the counterfeit law.

4.1.12 Ministries responsible for Information and Civic Education

The Ministry will be responsible for the development of materials and dissemination of HIV and AIDS information to the public through various media channels for public awareness.

4.1.13 Ministry responsible for Agriculture

The Ministry will be responsible for mainstreaming of HIV and AIDS in agriculture sector and ensuring that all the entry points with farmers and communities have integrated HIV and AIDS interventions in agricultural production, food and nutrition security, rural livelihoods, and rural institutions.

4.1.14 Ministries responsible for Tourism, Wildlife and Culture

Tourism, wildlife and culture have the potential to exacerbate the HIV and AIDS pandemic and further complicate matters for key and vulnerable population in tourist destinations. The Ministry therefore, will be responsible for provision of HIV and AIDS interventions within the tourism sector.

4.1.15 Ministries responsible for Homeland Security and Defence

The Ministries will be responsible for providing leadership to its uniformed forces through three departments (Malawi Police Service, Malawi Prison Service and Department of Immigration and Citizenship) in Ministry of Homeland Security and the Malawi Defence Force. The Ministry of Homeland Security will work with other law enforcement agencies to enforce all HIV and AIDS laws and regulations to create an enabling environment for accessing HIV and AIDS services in the country.

4.1.16 Ministry responsible for Education

The Ministry will be responsible for provision of oversight and leadership in addressing the impacts of HIV and AIDS in the education sector through reduction of HIV transmission and improve the quality of life of all learners including other vulnerable children and education staff through sustainable and rights-based workplace and programme interventions.

4.1.17 Ministry responsible for Youth and Sports

The Ministry will be responsible for provision of leadership and coordination in the delivery of high quality, culturally appropriate and contextually relevant HIV and AIDS and Sexually Reproductive Health information and services amongst the Youth. The Ministry will also ensure that HIV and AIDS interventions are adequately being mainstreamed in different sporting activities.

4.1.18 Ministry responsible for Justice

The Ministry will be responsible for providing legal advice in the implementation of the Policy and all other HIV and AIDS related legislations and regulations.

4.1.19 Other Ministries and Parastatal Organisations

The Ministries and Parastatals will ensure mainstreaming of HIV and AIDS interventions in their Ministries and organisations. They will also ensure that work place policies are in place.

4.1.20 Malawi Human Rights Commission

The Commission will be responsible for advisory and promotion of human right rights in the implementation of the Policy.

4.1.21 Civil Society Organizations

The CSOs including Faith-based Organizations will support Government efforts in implementation of the Policy and HIV related interventions at all levels. They will also play an advocacy role in ensuring that HIV and AIDS services are reaching the general population especially PLHIV and other vulnerable groups. The CSOs will also complement the efforts of the Government in mobilizing resources for the implementation of HV Policy.

4.1.22 Private Sector

The private sector will participate in the HIV and AIDS Policy implementation through their legitimate representative organizations. They will mobilize themselves through their platforms to support and play an active role in the National Response. Through the Public-Private Partnership, the Private Sector will mobilise resources for HIV as part of their social obligation to support the national response.

4.1.23 Academic and Research Institutions

The Academia and research institutions will be responsible for conducting HIV and AIDS research for generation of evidence to inform policy and programming. They will also be responsible for ensuring that interventions on HIV and AIDS are promoted within their institutions including their students. The academic institutions will also play an important role in ensuring that pre-service education addresses up to date HIV and AIDS policies, interventions, and standards that are relevant to the Malawi context.

4.1.24 Development Partners

Development partners will form part of the steering and technical committees. They will provide technical and financial support to the implementation of the National HIV and AIDS Policy and Strategy.

4.2 Implementation Plan

The Policy has a detailed implementation plan attached as Annexure 1. The plan provides a linkage between the Policy goal and objectives on one hand, and strategies and institutions responsible for implementing those strategies on the other hand. It also includes a timeframe for the implementation of each strategy. The Policy will be implemented for a period of five (5) years running from 2022 –2027.

4.3 Monitoring and Evaluation

The monitoring and evaluation of HIV and AIDS programmes will be guided by the National HIV and AIDS Monitoring and Evaluation Framework as presented in annex II and I. An evaluation will be done at the end of the Policy implementation period to measure the level of achievements on set targets.

4.4 Review of the Policy

The Policy will be reviewed every five years and there will be a mid-term evaluation to inform the implementation progress.

ANNEXURE I: IMPLEMENTATION PLAN

Priority Area 1: Prevention of HIV Infections			
Policy Statement 1: Provision of high-quality HIV and AIDS preventive services to the general population is strengthened			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce new HIV infections	1.1. Roll out PrEP in all health facilities and other service delivery platforms.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.2 Improve delivery of quality VMMC services in public and private health facilities.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.3. Strengthen integration and linkages of HIV and AIDS services with family planning, PMTCT, TB, and SRH, and other health service delivery platforms to increase uptake.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.4. Strengthen HIV prevention, treatment, care and support, and wellness interventions in the workplace.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.5. Strengthen integrated HIV testing and treatment of STIs and including other opportunistic infections among the marginalized groups and key populations.	MoH, CHAM, NGOs, Dev. Partners	2022–2027

Policy Statement 2: Scale-up access and uptake of quality HIV and AIDS services and supplies for prevention of the epidemic			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce new HIV infections	1.6 Ensure condoms, lubricants and other HIV products are of high quality.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.7 Strengthen targeted HTS among the general population.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.8 Strengthen screening PLHIV for, TB, viral hepatitis, syphilis, cervical cancer and other opportunistic infections.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.9 Scale-up community-based prevention and treatment services.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	1.10 Enhance adherence to treatment among PLHIV.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
Policy Statement 3: Increase access and utilization of a comprehensive package of youth friendly health services			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce new HIV infections	1.11 Scale-up integrated youth-friendly health services (YFHS) with emphasis on YPLHIV.	MoH, CHAM, NGOs, Dev. Partners	2022-2027
	1.12 Strengthen engagement of influential leaders including YPLHIV as champions or role models or ambassadors for HIV prevention at all levels.	MoH, NAC, CSOs	2022-2027

Priority Area 2: Treatment, Care and Support for HIV and other related diseases			
Policy Statement 1: Increased access and uptake of high-quality ART, STI, TB and other health services to reduce mortality			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce HIV and AIDS related deaths	2.1.Improve access to high-quality ART, STI, TB and other health services for the general population with focus on vulnerable and marginalised groups.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	2.2. Enhance adherence to treatment and retention in care among PLHIV.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
Policy Statement 2: Reduced AIDS and non-AIDS related mortality and co-morbidities among PLHIV			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce HIV and AIDS related deaths	2.3. Strengthen primary, secondary and tertiary health care services to manage HIV and AIDS related morbidities.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	2.4. Strengthen linkage for referral of other HIV and AIDS related co-morbidities for early detection and timely treatment.	MoH, CHAM, NGOs, Dev. Partners	2022–2027

Policy Statement 3: Programmes provide quality prevention and continuum of care and support services to PLHIV and the affected population.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce HIV and AIDS related deaths	2.5 Improve linkage of PLHIV with emphasis on HIV positive mothers and infants to other health services and community structures to support adherence and retention.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	2.6 Strengthen programme support towards provision of continuum of care and social support services.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	2.7 Ensure adequate nutrition to PLHIV including their dependents.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	2.8 Ensure provision of nutrition supplements to malnourished PLHA, TB patients and other chronically ill patients through Nutrition Care and Support Programme.	MoH, CHAM, NGOs, Dev. Partners	2022–2027

Priority Area 3: Impact Mitigation			
Policy Statement 1: Implementation of impact mitigation interventions benefit all PLHIV and affected groups including children at individual, household, community and institutional levels.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Improve access to quality treatment care and support services for PLHIV and other vulnerable groups.	3.1 Ensure provision of social and economic support to create resilience among young people living with HIV and the affected.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	3.2 Strengthen livelihood support to PLHIV and the affected groups to improve their wellbeing.	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	3.3 Strengthen linkage with livelihood programmes to target malnourished PLHIV, TB, and chronically ill patients and their families Enhance social protection, nutritional and psychosocial support to children and their caregivers .	MoH, CHAM, NGOs, Dev. Partners	2022–2027
	3.4 Ensure effective implementation of the Child Protection Case Management Framework.	MoH, CHAM, NGOs, Dev. Partners MoGCSW	2022–2027

Priority area 4: Protection, participation and empowerment of PLHIV and other vulnerable populations			
Policy Statement 1: People living with HIV, Key population, vulnerable and marginalized groups including children, women, adolescents (boys and girls) and persons with disabilities are empowered.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce vulnerability among PLHIV and affected population including key and vulnerable population.	4.1 Ensure full participation of PLHIV, key population and the affected individuals in the economic development at all levels.	MoGCSW, CSOs, MoLGRD	2022–2027
	4.2 Scale-up access and support to quality primary, secondary and tertiary education, including informal and vocational learning targeting YPLHIV and those affected.	MoE, MoGCSW, CSOs, MoLGRD, NAC, MoH	2022–2027
	4.3 Scale–up access to comprehensive sexual reproductive health rights and HIV services for AGYW, ABYM and their sexual partners.	MoE, MoGCSW, CSOs, MoLGRD, NAC, MoH	2022–2027

Policy Statement 2: Harmful practices including religious, social and cultural that promote gender inequality, stigma and discrimination among the general population are addressed.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce vulnerability among PLHIV and affected population including key and vulnerable population	4.4 Ensure elimination of harmful religious, social and cultural practices, stereotypes and gender based violence that compromises HIV response.	MoGCSW, CSOs, MoLGRD, NAC	2022–2027
	4.5 Put in place preventive measures to end stigma and discrimination	MoH, NAC, MoGCSW, CSOs, MoLGRD	2022–2027
	4.6 Promote plaforms for development, implementation and enforcement of the HIV and AIDS regulations.	MoH, NAC, MoGCSW, CSOs, MoJCA, MoLGRD	2022-2027
	4.7 Strengthen enforcement of HIV legal environment to protect the key and vulnerable population.	MoH, NAC, MoGCSW, CSOs, MoLGRD	2022-2027
Policy Statement 3: The Policy will ensure that workplaces are free from any kind of stigma and discrimination.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Reduce vulnerability among PLHIV and affected population including key and vulnerable population	4.8 Mainstream HIV and AIDS into core functions of the workplace.	MoGCSW, CSOs, MoLGRD, NAC, Defence, Police	2022–2027

Objective	Strategies	Responsibility	Time frame
	4.9 Develop and implement institutional HIV and AIDS workplace policies.	MoGCSW, CSOs, MoLGRD, NAC, Defence, Police	2022–2027
	4.10 Orient employers and employees on HIV and AIDS legislation and regulations.	MoGCSW, CSOs, MoLGRD, NAC, Defence, Police	2022–2027
	4.11 Promote social dialogue, consultations and negotiations on wellness and HIV related matters.	MoGCSW, CSOs, MoLGRD, NAC, Defence, Police	2022–2027

Policy Priority Area 5: HIV and AIDS education, Social mobilization and positive behaviour change			
Policy Statement 1: Uptake of behaviour change interventions for HIV prevention, treatment, care and support services are scaled up			
Objective	**Strategies**	**Responsibility**	**Time frame**
Enhance HIV and AIDS education, social mobilisation, and positive behaviour change	5.1 Promote health messaging and counselling to address barriers affecting uptake of behaviour change interventions.	MoH, Ministry of Information CHAM, NGOs, Dev. Partners	2022–2027
	5.2 Enhance provision of strategic information to address underlying drivers of HIV infection.	MoH, NAC, MoLGRD	2022–2027

Policy Statement 2: Empower individuals and communities to adopt positive health seeking behaviours to all PLHIV and affected population			
Objective	**Strategies**	**Responsibility**	**Time frame**
Enhance HIV and AIDS education, social mobilisation, and positive behaviour change	5.3 Support roll out and scale up comprehensive sexuality education and health rights for youth using different platforms.	MoH, NAC, Ministry of Youth, MoGCSW	2022–2027
	5.5 Promote adoption of positive health seeking behaviour among PLHIV and affected population using different channels.	MoH, NAC, Ministry of Youth, MoGCSW	2022–2027
Policy Statement 3: Facilitate positive HIV and AIDS behaviour change at individual and community levels			
Objective	**Strategies**	**Responsibility**	**Time frame**
Enhance HIV and AIDS education, social mobilisation, and positive behaviour change	5.6 Create demand for combined HIV prevention services including condom programming, VMMC, PrEP and PEP, sexual reproductive health and other related services for targeted subpopulations.	MoH, NAC, Ministry of Information, MoLGRD	2022–2027
	5.7 Increase demand for HIV prevention services, VMMC, post exposure prophylaxis, sexual reproductive health and other related services for adolescents through different channels.	MoH, NAC, Ministry of Information, MoLGRD	2022–2027
	5.8 Conduct targeted demand creation using a mix of effective and evidence-based channels.	MoH, NAC, Ministry of Information, MoLGRD	2022–2027

Policy Priority Area 6: HIV response during the emergency			
Policy Statement 1: Provision of HIV services to PLHIV and general population including vulnerable groups is adequate during emergency situation			
Objective	**Strategies**	**Responsibility**	**Timeframe**
Improve delivery of HIV services during emergencies	6.1 Promote timely provision of HIV prevention, treatment, care and support services during emergency	MoH, NAC, CSOs, CHAM, NGOs, Dev. Partners	2022–2027
	6.2 Promote education and social behaviour change interventions on HIV prevention, treatment, care and support during emergencies.	MoH, NAC, CSOs	2022–2027
	6.3 Strengthen coordination of HIV response during emergencies at all levels.	MoH, CHAM, NGOs, Dev. Partners, NAC	2022–2027
Policy Statement 2: Provision of timely and adequate impact mitigation and life skills interventions for adolescent boys and girls, young men and women.			
Objective	**Strategies**	**Responsibility**	**Timeframe**
Improve delivery of HIV services during emergencies	6.4 Promote life skills education and social behaviour change interventions on HIV prevention, treatment, care and support for adolescent boys and girls, young men and women during emergencies.	MoH, CHAM, NGOs, Dev. Partners Ministry of Education	2022–2027

	6.5 Enhance social protection and psychosocial support to adolescent boys and girls, young men and women during emergencies.	MoGCSW, MoH, Ministry of Youth	2022–2027
	6.6 Create more demand for combined HIV services during emergencies.	MoH, NAC, Ministry of Information	2022–2027
Policy Statement 3: Platforms for enforcement of the HIV and AIDS regulations during emergency are in place			
Objective	**Strategies**	**Responsibility**	**Timeframe**
Improve delivery of HIV services during emergencies	6.7 Establish and strengthen reporting and feedback mechanisms of HIV violations and enforcement of regulations during emergencies.	MoH, NAC, MoLGRD	2022–2027

Policy Priority Area 7: Sustainable and enabling environment for HIV and AIDS response			
Policy Statement 1: Resilient and sustainable systems for delivery of HIV and AIDS services are improved and maintained.			
Objective	**Strategies**	**Responsibility**	**Timeframe**
Strengthen an enabling environment for effective implementation	7.1 Strengthen capacity of public and private sectors to effectively deliver HIV and AIDS services.	NAC, MoH, MoLGRD	2022–2027
	7.2 Promote HIV and AIDS Policies, regulations, strategies and guidelines.	MoH, CHAM, NGOs, Dev. Partners	2022–2027

Objective	Strategies	Responsibility	Time frame
	7.3 Strengthen capacity for uniformed forces to adequately respond to HIV.	NAC, MoH, Homeland Security & Defence	2022–2027
Policy Statement 2: Leadership and governance in HIV and AIDS response is enhance			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen an enabling environment for effective implementation	7.3 Strengthen governance, leadership and coordination at national, district and community levels.	MoH, CHAM, NGOs, Dev. Partners, NAC	2022–2027
	7.5 Improve supply chain management and laboratory systems for HIV and AIDS commodities at all levels.	MoH, CHAM, NGOs, Dev. Partners, NAC	2022–2027
Policy Statement 3: Multi-sector and intra-sector coordination of HIV and AIDS interventions at national, district, and community levels is enhanced.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen an enabling environment for effective implementation	7.5 Strengthen HIV and AIDS coordination at all levels.	DNHA, MoLGRD	2022-2027
	7.7 Strengthen Public Private Partnership on HIV response.	MoH, CHAM, NGOs, Dev. Partners, NAC, PPPC,	2022–2027
	7.8 Strengthen linkages between health facilities and community structures to improve access to HIV services.	NAC, MoH	2022–2027

Policy Statement 4: Resources on HIV and AIDS are made available at all levels			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen an enabling environment for effective implementation	7.9 Advocate for increased financial resource allocations and human capacity for HIV response by Government and development partners.	NAC, MoH, CSOs	2022–2027
	7.10 Strengthen human capacity for effective programming and delivery of HIV services at all levels.	MoH, CHAM, NGOs, Dev. Partners, NAC	2022–2027
	7.11 Strengthen public-private partnership in resource mobilization for HIV response	MoH, NAC, PPPC	2022–2027
Policy Statement 5: Legal and regulatory framework on HIV and AIDS is strengthened			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen an enabling environment for effective implementation	7.12 Enforce all legal instruments pertaining to HIV and AIDS.	NAC, MoJCA	2022–2027
	7.13 Institutionalize relevant regulations and guidelines for implementation of the HIV and AIDS Prevention and Management Act.	MoH, NAC, MoJCA	2022–2027
	7.14 Review HIV and AIDS regulatory framework in line with the emerging issues on the pandemic.	MoH, NAC, MoJCA	2022–2027

Policy Priority Area 8: HIV Monitoring, evaluation, research and surveillance			
Policy Statement 1: Enhanced monitoring, evaluation and surveillance systems for HIV and AIDS			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen monitoring, evaluation, surveillance and research for evidence based HIV programming	8.1 Strengthen programme specific monitoring systems for HIV related services including STIs, TB, SRH and others.	MoH, NAC, , CHAM, NGOs, Dev. Partners, NAC	2022–2027
	8.2 Strengthen monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels.	NAC, MoH, CHAM, NGOs, Dev. Partners, NAC	2022–2027
Policy Statement 2: Strengthened coordination of HIV and AIDS research at all levels.			
Objective	**Strategies**	**Responsibility**	**Time frame**
Strengthen monitoring, evaluation, surveillance and research for evidence based HIV programming	8.3 Strengthen research coordination platforms in line with the HIV research agenda.	MoH, NAC, CHAM, NGOs, Dev. Partners, NAC	2022–2027
	8.4 Strengthen coordination of research on HIV and AIDS with relevant research institutions.	MoH, NAC, Academia	2022–2027
	8.5 Enhance HIV research, routine information, dissemination, utilization, and feedback at all levels for evidence-based decision making.	MoH, CHAM, NGOs, Dev. Partners, NAC, NAC	2022–2027

ANNEXURE II: MONITORING AND EVALUATION FRAMEWORK

PRIORITY AREA 1: PREVENTION OF HIV INFECTIONS						
OUTCOME: ***Reduced HIV infections to achieve epidemic control***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Reduce new HIV infections	(i) Strengthened integrated HIV testing and treatment of STIs and including other opportunistic infections among the marginalized groups (ii) Strengthened Integration and linkages of HIV and AIDS services with family planning and PMTCT	Number of new HIV infections	39,818	162215	ART registers/ reports	Availability of supplies
		Number of new HIV infections per 1000 uninfected population	1.55	1.1	ART registers	Availability of financial and human resources Availability of supplies
		Percentage of key population reached with a defined/ minimum package of HIV prevention services	22,152	86%	ART registers	Availability of financial and human resources - Good stakeholder collaboration -Development Partners support

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(iii) Improved access to health services by pregnant and breast feeding women,	Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months.	2432	5.1%	PMTCT reports	Availability of financial and human resources
		Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV.	90%	99%	ART registers/ database	Availability of financial and human resources

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(iv) Improved distribution of essential commodities to the last mile	Number of condoms distributed annually	155m	160m		-Good stakeholder collaboration Availability of financial and human resources
	(v) Improved access to health services by key populations and AGYWs	Percentage of KPs who are living with HIV	TBD	42.40%	ART register	Availability of financial and human resources
		Percentage of adolescent girls and young women reached with HIV prevention programs - defined package of services	TBD	92,800	ART register	-Good stakeholder collaboration Availability of financial and human resources
		Percentage of key population who received an HIV test and received their results	64%	95.0%	ART register	-Good stakeholder collaboration Availability of financial and human resources

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT FOR HIV AND OTHER RELATED DISEASES						
OUTCOME: ***Reduced HIV and AIDS related morbidity and mortality***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Reduce HIV and AIDS related deaths	(i) Improved adherence to treatment and retention among PLHIV	Percentage of people living with HIV and on ART who are virologically suppressed	98%	100%	ART registers/ database	Availability of financial and human resources
		Percentage of people living with HIV who know their HIV status at the end of the reporting period	88%	99%	ART register/ database	Availability of financial and human resources -Good stakeholder collaboration
		Number of AIDS-related deaths per 100,000 population	11000	5000	ART register/ database	Good ART adherence Availability of financial and human resources

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(ii) Improved access to high-quality ART, STI, TB and other health services for vulnerable and marginalized groups	Percentage of key populations who were on ART with viral load <1000 copies	TBD	TBD	ART reports	Availability of financial and human resources
		Percentage of people on ART among all people living with HIV at the end of the reporting period	971,886	92.1%	HIV Program registers	Availability of financial and human resources
	(iii) Enhanced adherence to treatment and retention in care among PLHIV	Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	95%	100%	MoH Quarterly reports	Availability of financial and human resources

PRIORITY AREA 3: IMPACT MITIGATION						
OUTCOME: ***improve access to quality treatment, care and support services for PLHIV and other vulnerable populations***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Improve access to quality treatment, care and support services for PLHIV and other vulnerable populations	(i) Enhanced social protection, nutritional and psychosocial support to children and their caregivers	Percentage of vulnerable children accessing educational support	85.8%	92.1%	HIV program data	-Availability of financial resources
		Percentage of vulnerable children (OVC) enrolled in safety nets program	TBD	TBD	HIV program data	-Availability of financial and human resources -Development Partners support
	(ii) Strengthened linkage with livelihood programmes to target malnourished PLHIV and chronically ill patients and their families	Percentage of PLHIV enrolled in safety nets program	TBD	TBD	HIV program data	Availability of financial and human resources -Good stakeholder collaboration -Development Partners support

PRIORITY AREA 4: PROTECTION, PARTICIPATION AND EMPOWERMENT OF PLHIV AND OTHER VULNERABLE POPULATIONS						
OUTCOME: Improved social support services for PLHIV and affected households						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**

PRIORITY AREA 4: PROTECTION, PARTICIPATION AND EMPOWERMENT OF PLHIV AND OTHER VULNERABLE POPULATIONS						
OUTCOME: ***Improved social support services for PLHIV and affected households***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Reduce vulnerability among PLHIV including key populations and vulnerable groups	(i) Scaled up access and support to quality social services targeting PLHIV and those affected	Number of vulnerable children (OVC) provided with social services (health, nutrition, shelter, education, care, protection, psychosocial support, household and economic strengthening)	TBD	TBD	NSO reports	-Good stakeholder collaboration
	(ii) Strengthened integrated HIV testing and treatment of STIs and including other opportunistic infections among the marginalized groups	Percentage of key population reached with a defined/ minimum package of HIV prevention services	TBD	86%	ART registers	-Availability of qualified and competent human resources

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(iii) Improved access and support to quality primary, secondary and tertiary education, including informal and vocational learning targeting YPLHIV and those affected.	Percentage of YPLHIV accessing primary, secondary and vocational education	TBD	TBD	ART registers	-Good stakeholder collaboration
	(iv) Full participation of PLHIV, Key Population and the affected individuals in the economic development at all levels	Percentage of PLHIV participating in economic development	TBD	TBD	ART reports/ database	-Good stakeholder collaboration

PRIORITY AREA 5: HIV AND AIDS EDUCATION, SOCIAL MOBILIZATION AND POSITIVE BEHAVIOUR CHANGE						
OUTCOME: ***Improved social support services for PLHIV and affected households***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
To enhance HIV AND AIDS Education, social mobilization and positive behavioural change	(i) Comprehensive sexuality education and health rights for youth using different platforms roll out and scale up	Percentage of young people aged 10–24 years attending school reached by comprehensive sexuality education and/or life skills–based HIV education in schools	TBD	22%	DHS	Availability of financial and human resources -Good stakeholder collaboration -Development Partners support
	(ii) Positive health seeking behaviour among the youth and affected population using different channels promoted and adopted	Percentage of people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	TBD	TBD	KAP survey	Capacity of implement partners

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
		Percentage of schools that provided life skills-based HIV education within the last academic year	TBD	TBD	School survey	-Good stakeholder collaboration
	(iii) Increased demand for combined HIV prevention services including condom programming, sexual reproductive health and other related services. (iv) Improved HTS services (v) Increased demand for HIV prevention services, VMMC, PrEP and sexual reproductive health services	Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner	TBD	TBD	ART reports	-Good stakeholder collaboration
		Percentage of people living with HIV who know their HIV status at the end of the reporting period	88%	99%	ART reports / database	Availability of financial and human resources

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
		Number of medical male circumcisions performed according to national guidelines	115,000	940,000	HMIS	Availability of financial and human resources Good stakeholder collaboration
		Percentage of eligible key population who initiated oral antiretroviral PrEP during the reporting period	7,250	16%	ART reports	Availability of financial and human resources Good stakeholder collaboration
		Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period	7500	4.1%	ART reports	Availability of financial and human resources Good stakeholder collaboration

PRIORITY AREA 6: HIV RESPONSE DURING EMERGENCIES						
OUTCOME: ***Reduced HIV and AIDS related morbidity and mortality***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Improve delivery of HIV services during emergencies	(i) Timely provision of HIV prevention, treatment, care and support services during emergency	Number of people accessing HIV prevention services during emergencies	TBD	TBD	HIV Program registers	Willingness of volunteers and associations to participate in emergency service delivery of services
		Percentage of people on ART among all people living with HIV during emergencies at the end of the reporting period.	TBD	TBD	Reports	Availability of financial and human resources Good stakeholder collaboration
		Number of condoms distributed during emergencies	TBD	TBD	ART reports	Availability of financial and human resources Good stakeholder collaboration

PRIORITY AREA 7: : SUSTAINABLE AND ENABLING ENVIRONMENT FOR HIV AND AIDS RESPONSE						
OUTCOME: ***Improved enabling environment for effective implementation of HIV and AIDS interventions.***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Strengthen an enabling environment for effective implementation of HIV and AIDs interventions	(i) Increased number of institutions with HIV and AIDS workplace policies developed and implemented	Percentage of MDAs with HIV/AIDS workplace policy and implementing an HIV/AIDS workplace program (prevention/care and support/ treatment)	TBD	TBD	Workplace surveys	Programmes' willingness to integrate/ mainstream HIV in the workplace Commitment of organizations to fulfil minimum standards for workplace policy Availability of financial and human resources -Good stakeholder collaboration

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(ii) Strengthened HIV and AIDS Coordination at all levels	Number of HIV/ AIDS coordination meetings conducted at all levels	0	4	Meeting reports/ minutes	Availability of financial and human resources Good stakeholder collaboration
		Number of Public Private Partnerships meetings conducted	0	4	Meeting reports/ minutes	Availability of financial and human resources Good stakeholder collaboration

PRIORITY AREA 8: : HIV MONITORING, EVALUATION, RESEARCH AND SURVEILLANCE						
OUTCOME: ***Improved monitoring, evaluation and research for evidence-based programming.***						
Objectives	**Outputs**	**Performance Indicator (s)**	**Base-line**	**Target**	**Source(s) of Verification**	**Assumption/ Risk**
Strengthen monitoring, evaluation, surveillance and research of evidence-based HIV programming	(i) Improved monitoring, evaluation and surveillance systems for routine information sharing and data utilisation at all levels	Number of districts reporting through national M&E system	TBD	TBD	NAC annual reports	Availability of financial and human resources Good stakeholder collaboration
	(ii) Improved routine monitoring and evaluation visits	Number of HIV/ AIDS monitoring visits conducted	4	4	HIV/ AIDS M&E reports	Availability of financial and human resources Good stakeholder collaboration
		Number of districts reporting on HIV/ AIDS surveillance	28	28	HMIS/ District HIV surveillance reports.	Availability of financial and human resources Good stakeholder collaboration

Objectives	Outputs	Performance Indicator (s)	Base-line	Target	Source(s) of Verification	Assumption/ Risk
	(iii) Strengthened HIV and AIDS Coordination at all levels	Number of planned HIV/ AIDs coordinated meetings conducted at all levels	4	4	M&E reports	Availability of financial and human resources Good stakeholder collaboration